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Application Number 10/075,054

Filing Date 02/13/2002

First Named Inventor Nabil R. Yousef

Art Unit 2634

Examiner Name File, Erin M.

(to be used for all correspondence after initial filing)						File, Enn IVI.					
Total Number of Pages in This Submission 32			Attorney Docket Number	er	BP2003						
ENCLOSURES (Check all that apply)											
\checkmark	✓ Fee Transmittal Form			Drawing(s)					After Allowance Communication		
	Fee Attached			Licensing-related Papers						al Communication to Board peals and Interferences	
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement				Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			see	Propri Status Other below	al Communication to TC al Notice, Brief, Reply Brief) etary Information s Letter Enclosure(s) (please Identify): arks below		
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			The following are also being submitted herewith: 1. Change of Correspondence address indication form - Form PTO/SB/122 (09-04) (1 pg) 2. return postcard								
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Date 10/31/2005						eg. No.	45,105				
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Effective on 12/08/2004 EMARK		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R.: 4)	Application Number	10/075,054					
FEE TRANSMITTA	Filing Date	02/13/2002					
For FY 2005	First Named Inventor	Nabil R. Yousef					
Applicant deline and patty status Co. 27 OFD 407	Examiner Name	File, Erin M.					
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2634					
TOTAL AMOUNT OF PAYMENT (\$) 450	Attorney Docket No.	BP2003					
METHOD OF PAYMENT (check all that apply)							

TOTAL AMOUNT OF PA	YMENT (\$)	450		Attorney Docke	at No.	BP2	2003	
METHOD OF PAYME	NT (check all	that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-2126 Deposit Account Name: Garlick Harrison & Markison LLF For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038. FEE CALCULATION								
1. BASIC FILING, SEA	FILING F			RCH FEES Small Entity		ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	n/a	
Design	200	100	100	50	130	65	n/a	
Plant	200	100	300	150	160	80	n/a	
Reissue	300	150	500	250	600	300	n/a	
Provisional	200	100	0	. 0	0	0	n/a	
2. EXCESS CLAIM FE Fee Description Each claim over 20 or, f Each independent claim Multiple dependent claim Multiple dependent claim Total Claims - 20 or HP = HP = highest number of tota Indep. Claims - 3 or HP = HP = highest number of inde 3. APPLICATION SIZE	for Reissues, of over 3 or, for ms Extra Claims Oal claims paid for, Extra Claims Oependent claims p	r Reissues, each r Reis	ch indepe		ore than in t	the original pate ependent Claims Fee Pair	360 180 <u>s</u>	\$) 5
If the specification and for each additional Total Sheets - 100 =	d drawings ex I 50 sheets or Extra Sheet	fraction there	of. See 3 er of eac	per, the applicate 35 U.S.C. 41(a) the additional 50 conductor of the application of the additional 50 conductor of the application of the additional 50 conductor of the application of the additional 50 conductor of the application of the additional 50 conductor of the additional 50 conducto)(1)(G) and 3 or fraction the	37 CFR 1.16(s). ereof Fee (\$)	•	• /
4. OTHER FEE(S) Non-English Specif			-		~= ~==		Fees Paid (\$)
Other: exte	nsion for r	eply within	. 2nd m	nonth under	: 37 CFR	1.136(a)	450	

SUBMITTED BY									
Signature	/SXShort/	Registration No. (Attorney/Agent)	45,105	Telephone	(512) 825-1145				
Name (Print/Type)	Shayne X. Sho	rt, Ph.D.		Date	10/31/2005				

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